



# TEEN ACTION COMMITTEE

## COMMITTEE MEMBER APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ M/F \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

### ADULT REFERENCES (OTHER THAN IMMEDIATE FAMILY)

NAME	ADDRESS	CITY	PHONE
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1. \_\_\_\_\_

2. \_\_\_\_\_

**PLEASE ATTACH A BRIEF STATEMENT OF WHY YOU DESIRE TO BE A PART OF THE ELK GROVE CSD TEEN ACTION COMMITTEE. PLEASE INCLUDE YOUR INTERESTS AND HOW YOU CAN CONTRIBUTE TO THE TEEN ACTION COMMITTEE. SUBMIT THIS APPLICATION BY MAIL, WITH THE ATTACHED STATEMENT TO:**

### **EGCSD TEEN ACTION COMMITTEE**

C/O Teen Coordinator

8820 Elk Grove Blvd. Suite 3

Elk Grove, CA 95624

Or submit in person, weekdays before 5:00 p.m. to the EGCSD main office at 8820 Elk Grove Blvd., suite 3, Elk Grove. **You will receive a phone call to schedule your interview.**

**CERTIFICATION OF APPLICANT - I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT MISTATEMENTS OF FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.**

Signature \_\_\_\_\_ Date \_\_\_\_\_